POV INSPECTION CHECKLIST

For use of this form, see Fort Knox Reg 385-10.

OWNER/0	OPERATOR'S NAME:						
UNIT:	IT:			DUTY PHONE:			
YEAR/TYPE VEHICLE:			· .	MILEAGE:			
<u>ITEM</u>		SA	T UNSA	AT REMARKS			
LIGHTS	a. Headlights	· ·					
	b. Taillights						
	c. Backing lights						
	d. Emergency flashers						
	e. Turn signal indicators	· · ·					
	f. Brake lights a. Windshield	<u> </u>	-				
	b. Rear window		 -				
	c. Rear-view mirror						
	SYSTEM						
WINDSHII	ELD WIPERS/WASHERS	· 					
<u>HORN</u>							
STEERING	G SYSTEM	· .					
BRAKE S	YSTEM a. Driving brakes						
	b. Emergency brake						
TIRES (inc	cluding spare and changing equipment)	. —					
SUSPENS	SION SYSTEM/SHOCK ABSORBERS/SPRINGS						
OVERALL	. RATING						
		·					

1. PRIVATELY OWNED VEHICLE (4-WHEEL)				
		YES	<u>NO</u>	
a. Valid Driver's License				
b. Valid State Registration				
c. Proof of Insurance			 .	
d. Successfully completed AAC				
e. Safety Belts Present and Operational	-			
f. Is this the only vehicle you own?	-		•	
g. (Only if Item 1f is NO) Is this the vehicle you intend to drive during the holiday period?				
2. PRIVATELY OWNED VEHICLE (2-WHEEL)			*	
a. Valid Operator's License				
b. Valid State Registration	· · · · · · · · ·	······································		
c. Proof of Insurance	- -			
d. Successfully completed AMSC	=			
e. Helmet, DOT Approved	-			
f. Safety Gear: Eye Protection, Full-fingered gloves, long trousers, long-sleeved shirt or jacket, high-visibility garmets (bright color for day and retro-reflective for night), leather boots or over-the- ankle shoes				
g Is this the only vehicle you own?				
h. (Only if Item 2g is NO) Is this the vehicle you intend to drive during the holiday period?	-		-	
	- 	1		
DATE INSPECTED: INSPECTOR:			17.	
COMMENTS:				
	3 .			